

SEATING & POSITIONING REPAIR REFERRAL

This referral form is to be used only for repairs to equipment fabricated by the Seating and Positioning Clinics. Repairs for other equipment should be referred to a durable medical equipment vendor. Individuals may need to be referred through the clinic for an evaluation before repairs can be completed.

PLEASE SELECT ONE:

☐ DIDD Waiver ☐ ECF Waiver ☐ State ICF/IID ☐ Private ICF/IID ☐ Dept. Children's Services ☐ N/A

NAME: _____ DATE OF REFERRAL: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ HOME PHONE: _____

SUPPORTING AGENCY (if applicable): _____

CONTACT INFORMATION (for scheduling):

NAME: _____ PHONE: _____ EMAIL: _____

OCCUPATIONAL / PHYSICAL THERAPIST (if applicable):

NAME: _____ PHONE: _____ EMAIL: _____

DESCRIBE REPAIR NEEDED:

FORM COMPLETED BY:

NAME: _____ PHONE: _____ DATE: _____

West TN Clinic

Phone: (901) 745-7509

Fax: (901) 745-7742

WTRC.Seating.Positioning@tn.gov

Middle TN Clinic

Phone: (615) 231-5147

Fax: (615) 886-9972

MTRC.Referrals@tn.gov

East TN Clinic

Phone: (423) 787-6689

Fax: (423) 798-6220

ETRC.Referrals@tn.gov